

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Hulu		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018	
Mailing Address 12312 W. Olympic Blvd		Amount - 3552.29	
City Los Angeles	State CA	Zip Code 90064	Transaction ID : SE.9969
Purpose of Expenditure repretd estimate, not using this vendor anymore		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018
Name of Federal Candidate ROSENDALE, MATT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Hulu		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2018	
Mailing Address 12312 W. Olympic Blvd		Amount - 3552.29	
City Los Angeles	State CA	Zip Code 90064	Transaction ID : SE.9971
Purpose of Expenditure reported estimate, not using this vendor anymore		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2018
Name of Federal Candidate TESTER, JON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	- 7104.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 24 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
M	M	M	D	D	D	Y	Y	Y	Y	Y	Y																

Full Name of Payee LCX.com, LLC			Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
M	M	M	D	D	D	Y	Y	Y	Y	Y	Y																		
Mailing Address 2173 Salk Avenue Suite 250			Amount <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
City Carlsbad	State CA	Zip Code 92008	Transaction ID : SE.9973																										
Purpose of Expenditure Digital ads		Category/ Type 004	Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
M	M	M	D	D	D	Y	Y	Y	Y	Y	Y																		
Name of Federal Candidate ROSENDALE, MATT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee LCX.com, LLC			Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
M	M	M	D	D	D	Y	Y	Y	Y	Y	Y																		
Mailing Address 2173 Salk Avenue Suite 250			Amount <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
City Carlsbad	State CA	Zip Code 92008	Transaction ID : SE.9975																										
Purpose of Expenditure digital ads		Category/ Type 004	Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td><td>D</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	M	D	D	D	Y	Y	Y	Y	Y	Y												
M	M	M	D	D	D	Y	Y	Y	Y	Y	Y																		
Name of Federal Candidate TESTER, JON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								
(c) TOTAL Independent Expenditures.....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y

Signature